Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I											<del></del>	
<u></u>			(Columi		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			30					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		'	BASIC FEE	355.00	OR	BASIC FEE	
TC	OTAL CHARGE	ABLE CLAIMS	30 minus 20=		. 10			X\$ 9=	·	OR	X\$18=	180.00
IN	DEPENDENT C	LAIMS	3 minus 3 =		*			X40=		OR	X80=	1000
Μl	JLTIPLE DEPE	NDENT CLAIM P	RESENT				ŀ	.105	<del> </del>	1		
* If	the difference	ero, enter	"0" in c	column 2	l	+135≈		OR	+270=	00-5		
			MENDED - PART II					TOTAL		OR	TOTAL	89000
_	7/25/27/25	(Column 1)		(Colur	nn 2)	(Column 3)		SMALL ENTITY			OTHER SMALL I	_
AMENDMENT A	* *	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AM	Independent	* ENTATION OF MI	Minus	***	CLAIM	=		X40=		OR	X80=	
				CIADCIAI	CLAIIVI		ſ	+135=		OR	+270=	
								TOTAL DDIT. FEE		OR	TOTAL	-
(Column 1) (Column 2) (Column 3)										] • • • •	ADDIT. FEE	
В	<b>推 境</b>	CLAIMS REMAINING		HIGH	EST		Г	-	ADDI-	1 [		ADDI
AMENDMENT	4.4	AFTER AMENDMENT	4.45	NUMI PREVIC PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	ŀ	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┢	405		lt		-
							L	+135=		OR	+270=	
							Α	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
	POVER HOUSE STATE	(Column 1) CLAIMS		(Colum		(Column 3)	_					
AMENDMENT C	e	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	1 22
	Independent	*	Minus	***		=		X40=		ŀ	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	-	7,40-		OR	×00=				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
**	lf the "Highest Nu	mber Previously Pa mber Previously Pa	id For" IN THI	S SPACE is	less than	1 20. enter "20 "	Αľ	TOTAL ODIT. FEE		OR A	TOTAL DDIT. FEE	
	The "Highest Num	nber Previously Pai	d For" (Total or	Independe	nt) is the	highest number	foun	d in the app	ropriate box	in colu	ımn 1.	